Performance

Report

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| Name of service: | HammondCare - Horsley |
| Service address: | 116 Shone Avenue Horsley NSW 2530 |
| Commission ID: | 0858 |
| Approved provider: | HammondCare |
| Activity type: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 15 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for HammondCare - Horsley (**the service**) has been prepared by G Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the site audit dated 26 April 2023 to 28 April 2023. The site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers confirmed staff treated them with dignity, respect and valued their cultures and diversity. Staff spoke to consumers with respect, used their preferred names and understood their individual life histories, needs, choices and preferences. Consumers’ care plans included information about their past and present interests and care preferences. Consumers confirmed they received culturally safe care and services, and staff understood how individuals’ cultural needs and personal values influenced the delivery of care. Consumers were supported to make choices about their care, how it was delivered and who should be involved in their care. Consumers’ care plans included information about their care choices and how the service supported them to maintain relationships with people of importance to them.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment and dignity of risk form was generally completed and documented in their care plans. Consumers were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, information was disseminated via resident and relative meetings, emails, a lifestyle calendar, menus and verbally by staff at the point-of-care. Consumers confirmed care and services were delivered in a way which respected their privacy. Consumers’ personal information was kept confidential in a locked cupboard.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. Consumers confirmed they were involved in the assessment and care planning process and subsequently received the care and services needed. Clinical staff confirmed consumers’ assessments were comprehensive and included the use of validated assessment tools for risks such as falls and poor nutrition. Consumers confirmed the assessment and care planning process addressed their current needs, goals and preferences, including end-of-life plans where they wished.

The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. A review of care plans confirmed consumers, representatives and other service providers were involved in a coordinated needs assessment and care planning process. Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they were offered a copy of the care plan. Consumers confirmed their care and services were reviewed quarterly for effectiveness or following a change to their condition.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers confirmed they received personal and clinical care tailored to their needs and which optimised their health and well-being. Staff provided care to consumers which was consistent with each persons’ individualised care plan. Staff were guided by policies and procedures which addressed high-impact and high-prevalence risks to consumers such as falls, poor nutrition and hydration, skin integrity and medication management. Staff understood risks to consumers and were observed implementing interventions to manage those risks. Consumers confirmed staff had discussed advanced care planning and end of life preferences with them, which were recorded in care plans. Staff who provided palliative care described how care delivery changed during the end-of-life process, such as ensuring consumers were comfortable with their dignity preserved through pain management and attending to personal care.

Changes in consumers’ conditions were identified during regular health assessments and responded to in a timely manner, which was confirmed by consumers and representatives. Consumers were satisfied with how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions was communicated via paper-based forms and shared during shift handovers. Consumers confirmed referrals to other providers of care and services were timely, appropriate and occurred when required, which was consistent with referral documentation. The service generally had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services and supports that met their needs, goals and preferences. Staff understood what was important to consumers, what they enjoyed doing and the supports needed to maximise their independence and quality of life. Consumers said they engaged in activities of their choice and participated according to their preferences. Consumers confirmed they received the emotional, spiritual, religious and psychological supports needed to maintain their psychological well-being, such as attending religious services, maintaining contact with family and friends and spending one-on-one time with staff.

Consumers participated in their community, did things of interest to them and were supported to maintain social and personal relationships. Staff supported consumers to establish and maintain social relationships within the service, such as organising regular group activities for art and craft, bingo sessions, scenic bus trips, luncheons and barbecues. Consumers were satisfied with the quality, quantity and variety of food provided by the service. The service offered seasonal menus which were subject to consumer, representative and staff feedback prior to implementation. At mealtimes, staff were observed preparing meals and engaging with consumers who wanted to watch or assist. Consumers were offered alternative meal options if the daily menu was not to their liking. A review of consumers’ care plans and dietary information sheets mostly included accurate information about their dietary needs and preferences. Where the service provided equipment, consumers said it was safe, suitable, clean and well maintained. Staff said the service conducted regular inspections of all equipment to ensure operational integrity and safety.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging. The building is a secure dementia-specific service comprised of eight separate cottages that are homely in design with a central kitchen, lounge and dining area. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their choice. The service environment was observed to be generally clean, well maintained, comfortable and consumers moved freely within and outside of the building. Consumers could use different areas of the service to enjoy meals, activities and access the outdoor garden areas. The Assessment Team observed consumers enjoying the outdoor areas and engaging in conversation.

Consumers gave positive feedback about the service environment and said it was safe, clean, well maintained and maintenance requests were addressed promptly. The service had a preventative and reactive maintenance program to ensure furniture, fittings and equipment were safe, clean and well maintained.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Feedback and complaints could be made via surveys, resident and representative meetings, electronic mail, feedback forms, during case reviews and by speaking directly with staff and management. The Assessment Team observed feedback forms were readily accessible to consumers. A review of the service’s electronic feedback register confirmed complaints, feedback and compliments were documented. Information about how to make an internal or external complaint, provide feedback and access advocacy services was available in the consumer admission pack and in newsletters and pamphlets within the service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. Staff and management understood their responsibilities in relation to complaints management. When a complaint was received, staff explained an apology is offered, the issue was investigated and actions taken to resolve the complaint. Complaints and feedback were used to improve the quality of care and services. Management said feedback and complaints were trended, analysed and used to implement consumer-driven improvements at the service. The Assessment Team reviewed the service’s continuous improvement plan and noted actions were taken to improve communication between staff and consumers about clinical issues.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers confirmed there were adequate staff at the service to provide safe, quality care and services. Management advised vacant shifts were filled by the service’s own casual staff pool and agency staff are not used. Management explained the service’s household model of care allowed staff to complete care delivery roles as well as lifestyle activities, cooking, cleaning and laundry. A review of the service’s roster confirmed the workforce was planned to enable the delivery of safe, quality care and services and all shifts were filled. Consumers confirmed staff were kind, caring and respectful when providing care. Staff were familiar with consumers and understood their needs and areas where assistance was required.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Staff were guided by position descriptions which detailed the qualifications, professional registrations, knowledge, skills and abilities required for their role. Staff confirmed they were supported by management in completing orientation to the service, as well as in ongoing training and competency assessments. Staff participated in mandatory training in the Quality Standards, dementia care, fire training, manual handling, food safety, infection control, antimicrobial stewardship, restrictive practices, open disclosure, incident management and the Serious Incident Response Scheme. Management assessed staff capabilities through formal performance reviews. While some performance appraisals were overdue, the service demonstrated that staff performance was monitored through other means and that a plan was in pace to bring appraisals up to date in a timely manner.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via case review and care planning meetings, resident meetings, consumer experience surveys and through the service’s feedback and complaints system. One interviewed consumer advised concerns about food portion sizes had been raised, following which service management responded immediately to ensure meals were of a suitable size to meet consumers’ nutritional needs. The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board maintained visibility of the service’s performance through analysis of monthly audits, clinical indicators, incidents at the service, quality initiatives and direct reports from frontline management.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. Risks were identified, reported, escalated and reviewed by service management and the board. The service continually monitored high-impact and high-prevalence risks to consumers such as falls, behavioural incidents, infections and weight loss. Incidents were recorded in the service’s electronic incident reporting system and investigated for the root cause, following which incidents were used to drive change and manage consumer risk.

The service had systems in place to support clinical governance, the delivery of safe care, promotion of antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)